

# Foster Family Home - Corrective Action Report

Provider ID: 1-180036

Home Name: Marilou L. Calaycay, CNA

Review ID: 1-180036-2

91-1072 Kaunolu Street

Reviewer: Lisa Johnson

Ewa Beach

HI 96706

Begin Date: 4/4/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 4/4/2019. Corrective Action Report issued during home inspection with all items due to CTA by 5/4/19.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.f.1 CG#1 last TB clearance 12/5/ 2017, no current present.

41.b.8 CG#2 BBP expired 7/16/2018.

41.f.1-2 HHM# 4 and 5 are missing TB clearance, fingerprinting and APS/CAN, since home opened august 2018.

## Foster Family Home Quality Assurance [11-800-50]

~~50.(a)(2)~~ **ERROR JD**

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e No doorbell present at the gate or door.

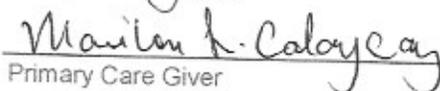
## Foster Family Home Records [11-800-54]

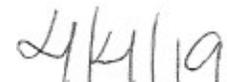
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

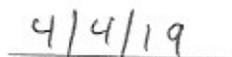
Comment:

54.c.6 Client# 1 Documentation of monthly visits from RN; one done 8/21/2018 and another present from 1/23/2019.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: **Marilou L. Calaycay CNA**  
 CCFFH Address: **91-1072 Kaunolu st Ewa Beach, HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.f.1	A TB test clearance (01/06/2019) was provided for CG#1.	04/05/2019	Home understands the importance of TB clearance and will place a reminder on phone and calendar to ensure an annual TB test is done.
50.e	A wireless gate/door bell was installed.	04/07/2019	Allows guests and health departments to announce their arrival and let CCFFH staff to give permission of entries.
54.c.6	RN flowsheets were provided for months Sept, Oct, Nov, Dec 2018, Feb, Mar, Apr 2019 by CM of client #1.	04/08/2019	Always ask the monthly documentation from the visiting RN/SW for all clients.
41.b.8	A bloodborne certificate was provided for CG #2 by a certified trainor.	04/17/2019	Reminder be placed on all cg phone or calendar to do annual bloodborne training.

Primary Caregiver: *Marilou L. Calaycay*

Print Name: Marilou L. Calaycay

Date of Signature: \_\_\_\_\_

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Marilou L. Calaycay CNA**

CCFFH Address: **91-1072 Kaunolu st., Ewa Beach, HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.f.1-2	A TB test, fingerprint, APS/CAN were done for HHM#s 4, 5. All results were negative.	04/26, 29/2019	Reminder be placed on phones and calendar to do an annual TB test clearance, fingerprint, APS/CAN for all HHMs.

Primary Caregiver: *Marilou L. Calaycay*

Print Name: Marilou Calaycay

Date of Signature: \_\_\_\_\_